

STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Workforce Solutions

Assurance of Civil Rights Compliance
(Required)

Please Print or Type in all Spaces except Signature.

W-2 Contract Agency Name	Contract Period
Geographic Area(s) included in this Subcontract	

In signing this form we acknowledge our W-2 Contract responsibility for compliance with the Department's Civil Rights Requirements, including our responsibility of requiring all of our subcontract entities to comply with the Department's Civil Rights requirements.

In the situations where the W-2 Contract Agency subcontracts with a County Social Service/Human Service Agency, the County agency's Civil Rights Plan, which is approved by the Department, is incorporated by reference into the W-2 Contract Agency's Plan. The following County Civil Rights Plans are incorporated by reference into this Contract:

(List the counties or complete by stating that this is not applicable to your agency.)

W-2 Contract Agency Director Name or Designee (If designee, attach Designee Authorization)	
Signature	Date of Signature

Subcontract Agency Director Name or Designee (If designee, attach Designee Authorization)	
Signature	Date of Signature